



School District of Grafton

*Preparing Learners for a Dynamic Tomorrow
Every Student ~ Every Day*

1900 Washington Street
Grafton, WI 53024
(262) 376-5400

STUDENT ACCIDENT REPORT

Date of Report:

Name:

School:

Grade:

Address:

Phone Number:

DOB:

Date of Accident:

Time of Accident:

Nature of Injury:

Was Medical Attention Required? YES NO

Please Provide Complete Details Describing How the Accident Occurred:

Reported by:

Witness:

Principal: _____

Signature

PLEASE FORWARD ORIGINAL COPY TO HUMAN RESOURCES

Office Use Only

Date Called In _____